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| CLASS C AMENDMENT FORM                                     |  |
|--|--|
| File the original with:                                    | Mall or fax a copy to:   |
| Public Service Commission of South Carolina Clerk's Office | S.C. Office of Regulatory Staff  |
| Motor Carrier Matters                                      | Transportation Department 1401 Main Street, Suite 900  |
| P.O. Box 11649<br>Columbia, S.C. 29211                     | Columbia, S.C. 29201   |
| (803) 896 – 5100   | (803) 737-0578<br>FAX (803) 737-0815   |
| FAX (803) 896-5199   | (003) 737-0813   |
| DATE: The 10 2012 Certificate not issued yet               |  |
| DATE: June 6 2012  | May 16, 2012   |
| I have the following Certificate:                          | 1012-157 order# 2012-357   |
|  | Class C Charter Bus #  |
| Class C Non-Emergency #                                    |  |
| Please consider this as my request for the Dlowing         | FREQULATORY STAFF Certificate:   |
| Name Change  | 1 11 11  |
|  | UN 1 2.2012  |
| From:  | A: B THE WAY OF THE PARTY OF TH |
| (Current DBA if applicable)                                |  |
| TO: DBA  |  |
| (New Name)   | (New DBA if applicable)  |
| Scope of Authority   |  |
| From:To  |  |
| (Current Scope)  | (New Scope)  |
| Passenger Limit  |  |
| From:To:   | 7 15   |
| (Current Limit Number)                                     | (New Limit Number)   |
| D+ (N/A)   |  |
| Totrick Anderson - U-Ride                                  | 2112 Captain are 1. chas se 294  |
| Name & DBA if DBA is applicable)                           | (Street and/or Mailing Address)  |
| Charleston S.C. 29405                                      | ( ) to be all  |
| (City, State, Zip Code)                                    | (Signature)  |
| 843 9266413  | Owner  |
| (Telephone Number)   | (Title) Owner, President, etc.   |
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